REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Sep 19 3 58 PM '97

1. NAME OF COMMITTEE (in full)
Pioneer PAC

ADDRESS (number and street) ☐ Check if different than previously reported
499 South Capitol St., SW, Suite 405

CITY, STATE and ZIP CODE
Washington, DC 20003

2. FEC IDENTIFICATION NUMBER
C00325357

3. ☐ This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☒ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

5. Covering Period 08/01/97 through 08/31/97

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 97		$ 30,887.19
(b) Cash on Hand at Beginning of Reporting Period	$ 25,986.98	
(c) Total Receipts (from line 19)	$ 16,000.00	$ 110,047.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 41,986.98	$ 140,934.61
7. Total Disbursements (from Line 30)	$ 17,181.69	$ 116,129.32
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 24,805.29	$ 24,805.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name Of Treasurer
Barbara W. Bonfiglio

Signature of Treasurer
Barbara W. Bonfiglio

Date 9/19/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(Revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE Pioneer PAC

REPORT COVERING PERIOD
FROM: 08/01/97 TO: 08/31/97

I. Receipts	COLUMN A. Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
I. Itemized (Use Schedule A)	10,000.00	95,547.42
II. Unitemized	0.00	2,500.00
III. Total (add i and ii) >	10,000.00	98,047.42
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	6,000.00	12,000.00
d. Total Contributions (add iii,b and c) >	16,000.00	110,047.42
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	16,000.00	110,047.42
20. Total Federal Receipts (subtract line 18 from line 19) >	16,000.00	110,047.42
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	16,181.69	105,234.32
c. Total Operating Expenditures (Add ai,aii, and b) >	16,181.69	105,234.32
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	10,895.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	17,181.69	116,129.32
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	17,181.69	116,129.32
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	16,000.00	110,047.42
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	16,000.00	110,047.42
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	16,181.69	105,234.32
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	16,181.69	105,234.32

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11a i

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code Cecelia Rappaport 48 Ayrshire Lane Concord, MA 01742	Name of Employer none Occupation Homemaker	Date (Month day,Year) 08/04/97	Amount of Each Receipt this Period 5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
B. Full Name, Mailing Address and Zip Code Leslie Wexner Three Limited Parkway Columbus, OH 43230	Name of Employer The Limited, Inc. Occupation Chairman & CEO	Date (Month day,Year) 08/27/97	Amount of Each Receipt this Period 5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	10,000.00
TOTAL this Period (Last page this line number only) >	10,000.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11 c

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code OPTHPAC 1101 Vermont Ave., N.W. Suite 700 Washington, DC 20005-3570	Name of Employer Occupation	Date (Month day,Year) 08/27/97	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
B. Full Name, Mailing Address and Zip Code The Limited, Inc. PAC Two Limited Parkway Columbus, OH 43230	Name of Employer Occupation	Date (Month day,Year) 08/27/97	Amount of Each Receipt this Period 5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,000.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	6,000.00
TOTAL this Period (Last page this line number only) >	6,000.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3
	FOR LINE NUMBER 21B

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Police Patrol Security Systems 4600 Duke St., Ste. 431 Alexandria, VA 22304	security system Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/14/97	49.50
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
First Union National Bank P.O. Box 44236 Jacksonville, FL 32231	credit card payment Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/29/97	961.01
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Chris Singerling 7002 Quander Road Alexandria, VA 22307	reimburse office expenses Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/04/97	301.25
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Chris Singerling 7002 Quander Road Alexandria, VA 22307	reimburse traveling exps. Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/11/97	195.87
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Chris Singerling 7002 Quander Road Alexandria, VA 22307	salary Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/15/97	1,814.86
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Wilma Goldstein 4203 S. 35th Street Arlington, VA 22206	reimburse meeting exps. Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/04/97	744.06
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Wilma Goldstein 4203 S. 35th Street Arlington, VA 22206	salary Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/15/97	3,340.89
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
The Carlyle Hotel 35 East 76th Street New York, NY 10022	lodging Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/04/97	405.73
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
First Union National Bank P.O. Box 44236 Jacksonville, FL 32231	payroll tax Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/29/97	3,155.60

SUB TOTAL of Disbursements this page (Optional) ..... >	10,968.77
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 3
	FOR LINE NUMBER 21B

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code Virginia Dept. of Taxation P.O. Box 27264 Richmond, VA 23261	Purpose of Disbursement payroll tax Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 08/29/97	Amount of Each Disb. this Period 446.89
B. Full Name, Mailing Address and Zip Code Bell Atlantic/NYNEX Mobile P.O. Box 64268 Baltimore, MD 21264	Purpose of Disbursement cell phone exp. Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 08/14/97	Amount of Each Disb. this Period 215.33
C. Full Name, Mailing Address and Zip Code Bell Atlantic P.O. Box 646 Baltimore, MD 21265	Purpose of Disbursement phone service Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 08/04/97	Amount of Each Disb. this Period 150.38
D. Full Name, Mailing Address and Zip Code Comp USA 5901 Stevenson Ave. Alexandria, VA 22304	Purpose of Disbursement computer equipment Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 08/14/97	Amount of Each Disb. this Period 491.05
E. Full Name, Mailing Address and Zip Code AT&T P.O. Box 371302 Pittsburgh, PA 15250	Purpose of Disbursement long distance service Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 08/14/97	Amount of Each Disb. this Period 69.15
F. Full Name, Mailing Address and Zip Code Blue Cross Blue Shield 550 12th Street, SW Washington, DC 20065	Purpose of Disbursement insurance Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 08/14/97	Amount of Each Disb. this Period 272.00
G. Full Name, Mailing Address and Zip Code MacNair Travel Management 1703 Duke Street Alexandria, VA 22314	Purpose of Disbursement airfare Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 08/04/97	Amount of Each Disb. this Period 935.00
H. Full Name, Mailing Address and Zip Code Cort Furniture Rental 801 Hampton Park Blvd. Capitol Heights, MD 20743	Purpose of Disbursement furniture Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 08/14/97	Amount of Each Disb. this Period 154.73
I. Full Name, Mailing Address and Zip Code Lucent Technologies P.O. Box 371358 Pittsburgh, PA 15286	Purpose of Disbursement office phone system Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 08/14/97	Amount of Each Disb. this Period 100.59

SUB TOTAL of Disbursements this page (Optional) ..... >	2,835.12
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 3
	FOR LINE NUMBER 21B

SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Pioneer PAC

	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
A. Full Name, Mailing Address and Zip Code Marfair Joint Venture 499 South Capitol St., SW, Suite 505 Washington, DC 20003	August rent Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/11/97	2,025.00
B. Full Name, Mailing Address and Zip Code Marfair Joint Venture 499 South Capitol St., SW, Suite 505 Washington, DC 20003	parking expense Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/11/97	250.00
C. Full Name, Mailing Address and Zip Code Office Depot 6700 B Richmond Highway Alexandria, VA 22306	office supplies Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/12/97 *memo-payment made by credit card	*120.90
D. Full Name, Mailing Address and Zip Code Westin Hotels Columbus, OH	fundr. exp.-lodging Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/01/97 *memo-payment made by credit card	*275.43
E. Full Name, Mailing Address and Zip Code Enterprise Rentacar 5466 N. High St. Columbus, OH 43214	fundr. exp.- transp.exp. Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	08/01/97 *memo-payment made by credit card	*228.24
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	2,275.00
TOTAL this Period (Last page this line number only) ..... >	16,078.89

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Pioneer PAC

A. Full Name, Mailing Address and Zip Code Black America's PAC 2029 P Street, NW Washington, DC 20036	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify) 1997	Date (Month day,Year) 08/04/97	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	1,000.00
TOTAL this Period (Last page this line number only) ..... >	1,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 9-22-97
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SLS
PREPARER

9-22-97
DATE PREPARED

FEC FORM 70-2 (12/92)